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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

Total Pages

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: John C. Ruet r et al. TITLE: ATRIAL CAPTURE MANAGEMENT DURING ATRIAL AND VENTRICULAR PACING

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, 2319 day of _ "EXPRESS No. EV 331 792 682 US, on this ____ We MULY Printed Name MAIL STOP PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: We are transmitting herewith the attached: **Patent Application Transmittal** X X Specification: Total pages: 39 (including claims and abstract: Spec. 31 sheets; Claims 7 sheets; Abstract 1 X Drawings: Total sheets: _7 informal \boxtimes Combined Declaration and Power of Attorney: executed copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. X Accompanying application parts: Notification of filing a \boxtimes Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations **Preliminary Amendment** A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: Divisional Continuation Continuation-in-part (CIP) of prior application No. . П Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed .--__ of the prior application before calculating the filing fee. Cancel in this application original claims (At least the original independent claim must be retained for filing purposes.) The pri r application is assigned of record to Medtronic, Inc. П The Power of Attorney in the prior application is to: ___.

	This application claims the benefit of U.S. P	filed	
X	Address all future correspondence to:	Girma Wolde-Michael, Reg. No. 36,724 Telephone: (763) 514-6402	•

Facsimile: (763) 505-2530



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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	22	20	=	2	x 18	36
Independent Claims	2	3	=	0	x 84	0
Multiple Dependent Claims	0			0	+ 280	0
Basic Filing Fee						\$750.00
	·				TOTAL	816.00

- X Charge Deposit Account No. 13-2546 in the amount of **\$856.00** for the filing fee and assignment recordation fee of \$40.00.
- X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

07/23/03 Date Girma Wolde-Michael, Reg. No. 36,724 Telephone: (763) 514-6402

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